

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532841

APPLICANT(S)

FILED

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	2		2			
4	1		1			
5	1		1			
6	1		1			
7	2		2			
8	1		1			
9	2		2			
10	1		1			
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	12	←		←	
TOTAL CLAIMS		13				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		13				